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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| | |
|-------------------------------|--------------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Prasad Keshav DESHPANDE |
| Title | NOVEL POLYMORPHS OF RACEMIC... |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | WH-18 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58478

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|--------------------------|---------------------|
| Mr. Douglas Robinson | 51278 |
| Dr. O. M. (Sam) Zaghmout | 51286 |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

58478

☒ Firm or Individual Name Bio Intellectual Property Services (Bio IPS) LLC

Address 8509 Kernon Ct

City Lorton State VA Zip 22079

Country USA

Telephone 703-550-1968 Email BioIPS@BioIPS.com

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|-------------------------|-----------|--|
| Signature | | Date | |
| Name | Prasad Keshav DESHPANDE | Telephone | |
| Title and Company | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

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Lorton

State

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Zip

22079

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USA

Telephone

703-550-1968

Email

BiolPS@BiolPS.com

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Signature

Date

Name

Satish Baliram BHAVSAR

Telephone

Title and Company

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| Signature | | Date | |
| Name | Yati CHUGH | Telephone | |
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|---|--|-------|-------------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Bio Intellectual Property Services (Bio IPS) LLC | | | | |
| Address | 8509 Kernon Ct | | | | |
| City | Lorton | State | VA | Zip | 22079 |
| Country | USA | | | | |
| Telephone | 703-550-1968 | Email | BioIPS@BioIPS.com | | |

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| Signature | | Date | |
| Name | Ravindra Dattatrya YEOLE | Telephone | |
| Title and Company | | | |

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| Signature | | Date | |
| Name | Noel John DE SOUZA | Telephone | |
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|-------------------|-------------------------|-----------|--|
| Signature | | Date | |
| Name | Mahesh Vithalbhai PATEL | Telephone | |
| Title and Company | | | |

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